



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name

DUNCAN FOR CONGRESS

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	154161.90	516453.56
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	154161.90	516453.56
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	49907.66	250396.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	1047.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	49907.66	249349.37
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	1456320.10	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
DUNCAN FOR CONGRESS

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	7

D	D
1	4

Y	Y	Y	Y
2	0	0	6

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

40050.00

169954.38

(ii) Unitemized.....

3900.00

11300.00

(iii) TOTAL of contributions

43950.00

181254.38

from individuals..... ▶

0.00

1029.00

(b) Political Party Committees.....

(c) Other Political Committees (such as PACS).....

110211.90

334170.18

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans)

(add Lines 11(a)(iii), (b), (c), and (d))

154161.90

516453.56

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

500.00

750.00

13. LOANS

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

0.00

1047.44

15. OTHER RECEIPTS

(Dividends, Interest, etc.).....

6154.57

22263.87

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

160816.47

540514.87

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	49907.66	250396.81
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	27500.00	58500.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	3335.00	13014.83
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	80742.66	321911.64

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1376246.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	160816.47
25. SUBTOTAL (add Line 23 and Line 24).....	1537062.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	80742.66
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1456320.10

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Hector Alcalde</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address <b>1101 S. Arlington Ridge Road #1102</b>		<b>Transaction ID: SA11A1.16242</b>
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22202</b>
Amount of Each Receipt this Period 1000.00		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer <b>Alcalde &amp; Fay</b>	Occupation <b>Lobbyist</b>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. N/A Bico Associates</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address <b>100 Peabody Place Suite 1400</b>		<b>Transaction ID: SA11A1.16611</b>
City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38103</b>
Amount of Each Receipt this Period 300.00		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer <b>Belz Enterprises</b>	Occupation <b>Real Estate Development</b>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Gail M. Brabson</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address <b>517 Cherokee Blvd.</b>		<b>Transaction ID: SA11A1.16194</b>
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37919</b>
Amount of Each Receipt this Period 500.00		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer <b>N/A</b>	Occupation <b>Housewife</b>	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1800.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. John R. Brimsek</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 04 / 2006</b>
Mailing Address <b>2508 Fallsmere Ct.</b>		<b>Transaction ID: SA11A1.16195</b>
City <b>Falls Church</b>	State <b>VA</b>	Zip Code <b>22043</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2000.00</b>
Name of Employer <b>Brimsek, Mullenholz &amp; Bel-air</b>	Occupation <b>Attorney</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Bill Broydrick</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 25 / 2006</b>
Mailing Address <b>111 E. Kilbourn Ste. 2060</b>		<b>Transaction ID: SA11A1.16245</b>
City <b>Milwaukee</b>	State <b>WI</b>	Zip Code <b>53202</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>500.00</b>
Name of Employer <b>Broydrick &amp; Associates</b>	Occupation <b>Attorney</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. Harold Cannon</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 08 / 2006</b>
Mailing Address <b>14316 Virtue Road</b>		<b>Transaction ID: SA11A1.16247</b>
City <b>Lenoir City</b>	State <b>TN</b>	Zip Code <b>37772</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Cannon &amp; Cannon</b>	Occupation <b>Engineer</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1500.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Gary Carpentier

Mailing Address 230 East Flamingo Road  
Suite 435

City State Zip Code  
**Las Vegas NV 89109**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Public Policy Research Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 8 / 2 0 0 6

**Transaction ID: SA11A1.16248**

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Colin A. Chapman

Mailing Address 1613 Brookside Road

City State Zip Code  
**McLean VA 22101**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Rhodes Group Lobbyist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 9 / 2 0 0 6

**Transaction ID: SA11A1.16249**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Michael C. Crabtree

Mailing Address 12347 Vista Brook Lane

City State Zip Code  
**Knoxville TN 37922**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
IdleAire Technologies COO

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 0 6

**Transaction ID: SA11A1.16250**

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **2500.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Carl A. Davis

Mailing Address P. O. Box 262326

City State Zip Code  
**Houston TX 77207**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Davis-Lynch, Inc. Corporate Executive

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 04 / 2006**

**Transaction ID: SA11A1.16200**

Amount of Each Receipt this Period  
**2100.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lois E. Davis

Mailing Address P. O. Box 262326

City State Zip Code  
**Houston TX 77207**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Homemaker

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 04 / 2006**

**Transaction ID: SA11A1.16199**

Amount of Each Receipt this Period  
**2100.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Robert Dawson

Mailing Address 1214 Key Drive

City State Zip Code  
**Alexandria VA 22302**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dawson & Associates President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 09 / 2006**

**Transaction ID: SA11A1.16251**

Amount of Each Receipt this Period  
**1000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>5200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
William T. Delay

Mailing Address 115 Lynnwood Terrace

City Nashville State TN Zip Code 37205

FEC ID number of contributing federal political committee. **C**

Name of Employer Sherman Dixie Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 0 6

**Transaction ID:** SA11A1.16201

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Billy Lee Evans

Mailing Address 431 1st. Street, SE

City Washington State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 6

**Transaction ID:** SA11A1.16264

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
John Fehrenbach

Mailing Address 2809 Valley Drive

City Alexandria State VA Zip Code 22303

FEC ID number of contributing federal political committee. **C**

Name of Employer Winston & Strawn Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 6

**Transaction ID:** SA11A1.16265

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Allen D. Freemyer

Mailing Address 2015 48th Street, NW

City State Zip Code  
**Washington DC 20007**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**04 / 27 / 2006**

**Transaction ID: SA11A1.16205**

Amount of Each Receipt this Period  
**1000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Nelson C. Garcia, Jr.

Mailing Address 7107 Richmond Highway #38

City State Zip Code  
**Alexandria VA 22306**

FEC ID number of contributing federal political committee. **C**

Name of Employer Intelligent Transport Society Occupation  
Government Relations

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**500.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 13 / 2006**

**Transaction ID: SA11A1.16520**

Amount of Each Receipt this Period  
**500.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
James E. Hall

Mailing Address 12 Highdown Court

City State Zip Code  
**Signal Mountain TN 37377**

FEC ID number of contributing federal political committee. **C**

Name of Employer Hall & Associates Occupation  
Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**2000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 09 / 2006**

**Transaction ID: SA11A1.16252**

Amount of Each Receipt this Period  
**1000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Robert H. Hurt

Mailing Address 2260 48th. Street, NW

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer: Hurt, norton & Associates Occupation: Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt: 05 / 09 / 2006

Transaction ID: SA11A1.16253

Amount of Each Receipt this Period: 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Lisa Janke

Mailing Address P. O. Box 518

City Tellico Plains State TN Zip Code 37385

FEC ID number of contributing federal political committee. **C**

Name of Employer: Camel Manufacturing Occupation: Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3100.00

Date of Receipt: 05 / 16 / 2006

Transaction ID: SA11A1.16254

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Ben E. Johnston, Jr.

Mailing Address 6212 Creswell Drive

City Knoxville State TN Zip Code 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Occupation: Physical Therapist

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1500.00

Date of Receipt: 05 / 09 / 2006

Transaction ID: SA11A1.16255

Amount of Each Receipt this Period: 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Abigayle K. Jones</b>		Date of Receipt MM / DD / YYYY <b>04 / 03 / 2006</b>
Mailing Address <b>450 Anatole Lane, NW</b>		<b>Transaction ID: SA11A1.16206</b>
City <b>Cleveland</b>	State <b>TN</b>	Zip Code <b>37312</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer <b>Jones Management</b>	Occupation <b>Public Relations</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. Reba M. Kennedy</b>		Date of Receipt MM / DD / YYYY <b>04 / 28 / 2006</b>
Mailing Address <b>7624 Hoff Lane</b>		<b>Transaction ID: SA11A1.16208</b>
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37918</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>2100.00</b>
Name of Employer <b>Coastal Supply Company</b>	Occupation <b>Secretary</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2100.00</b>	

Full Name (Last, First, Middle Initial) <b>C. James Bryan Lewis</b>		Date of Receipt MM / DD / YYYY <b>04 / 04 / 2006</b>
Mailing Address <b>P. O. Box 198692</b>		<b>Transaction ID: SA11A1.16240</b>
City <b>Nashville</b>	State <b>TN</b>	Zip Code <b>37201-1611</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>750.00</b>
Name of Employer <b>Self</b>	Occupation <b>Attorney</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>750.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
W. Timothy Locke

Mailing Address 2111 Woodmont Road

City State Zip Code  
**Alexandria VA 22307**

FEC ID number of contributing federal political committee. **C**

Name of Employer Smith-Free Group Occupation Senior Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 09 / 2006**

Transaction ID: SA11A1.16256

Amount of Each Receipt this Period  
**500.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
David M. Lonie

Mailing Address 8451 Georgian Court

City State Zip Code  
**Manassas VA 20110**

FEC ID number of contributing federal political committee. **C**

Name of Employer The Livingston Group Occupation Consultant

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1500.00**

Date of Receipt  
MM / DD / YYYY  
**05 / 09 / 2006**

Transaction ID: SA11A1.16257

Amount of Each Receipt this Period  
**1000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Joel C. Mandelman

Mailing Address 2540 S. Walter Reed Drive Suite D

City State Zip Code  
**Arlington VA 22206**

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Attorney

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **500.00**

Date of Receipt  
MM / DD / YYYY  
**07 / 13 / 2006**

Transaction ID: SA11A1.16522

Amount of Each Receipt this Period  
**500.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
A. David Martin

Mailing Address 12100 E. Ashton Court

City State Zip Code  
Knoxville TN 37922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Martin & Company President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 18 / 2006

**Transaction ID:** SA11A1.16213

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Alan R. Mauk

Mailing Address 2121 Jamison Avenue Suite 1405

City State Zip Code  
Alexandria VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mauk Associates President

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 09 / 2006

**Transaction ID:** SA11A1.16258

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Dr. A. L. Messenger

Mailing Address 10634 Moshie Lane

City State Zip Code  
San Antonio FL 33576

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
N/A Retired

Receipt For: 2006 Election Cycle-to-Date ▼  
 Primary  General  
 Other (specify) ▼

1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 08 / 2006

**Transaction ID:** SA11A1.16259

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Douglas Jim Monroe, Jr.

Mailing Address P. O. Box 73

City Powell State TN Zip Code 37848

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2006

Transaction ID: SA11A1.16514

Amount of Each Receipt this Period  
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Willie Mae Monroe

Mailing Address 6105 John May Rd

City Knoxville State TN Zip Code 37921

FEC ID number of contributing federal political committee. **C**

Name of Employer N/A Occupation Retired

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2006

Transaction ID: SA11A1.16513

Amount of Each Receipt this Period  
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
David Moon

Mailing Address 2151 Asbury Drive

City Knoxville State TN Zip Code 37914

FEC ID number of contributing federal political committee. **C**

Name of Employer Moon Capital Management Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2006

Transaction ID: SA11A1.16524

Amount of Each Receipt this Period  
 500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Timothy F. Neal		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address 2921 Maloney Road		<b>Transaction ID:</b> SA11A1.16216
City State Zip Code Knoxville TN 37920	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Builder	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) David D. O'Brien		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 201 C Street, SE		<b>Transaction ID:</b> SA11A1.16261
City State Zip Code Washington DC 20003	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer David O'Brien & Associates Occupation Attorney	Election Cycle-to-Date ▼ 2000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) John T. O'Rourke		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 6
Mailing Address 11028 Stanmore Drive		<b>Transaction ID:</b> SA11A1.16218
City State Zip Code Potomac MD 20854	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Attorney	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	2250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ruffner Page</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 19 / 2006	
Mailing Address 3132 Overhill Road		Transaction ID: SA11A1.16268	
City Birmingham	State AL	Zip Code 35223	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer McWane, Inc.	Occupation President	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) <b>B. Joy Pavlis</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2006	
Mailing Address 3200 Great Meadows Drive		Transaction ID: SA11A1.16221	
City Knoxville	State TN	Zip Code 37920	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer N/A	Occupation Housewife	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) <b>C. Barbara Phillips</b>		Date of Receipt M M / D D / Y Y Y Y 04 / 10 / 2006	
Mailing Address 6729 Pleasant Ridge Road		Transaction ID: SA11A1.16222	
City Knoxville	State TN	Zip Code 37921	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. <b>C</b>		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Powell Auction	Occupation Auctions	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ 250.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Wolfgang Pordzik</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 4710 Bethesda Avenue Apt. 919		Transaction ID: SA11A1.16224
City <b>Bethesda</b>	State <b>MD</b>	Zip Code <b>20814</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer DeutschePost World Net	Occupation President/CEO	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Floyd Raley</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address P. O. Box 27308		Transaction ID: SA11A1.16241
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37927</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer The Raley's	Occupation Owner	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Tom Reddoch</b>		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6
Mailing Address 5329 Hickory Hollow Road		Transaction ID: SA11A1.16225
City <b>Knoxville</b>	State <b>TN</b>	Zip Code <b>37919</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Requested	Occupation Requested	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Dr. John Rochester

Mailing Address 1006 Gettysview Drive

City State Zip Code  
Knoxville TN 37922

FEC ID number of contributing federal political committee. **C**

Name of Employer Self Occupation Physician

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
04 / 19 / 2006

Transaction ID: SA11A1.16226

Amount of Each Receipt this Period  
400.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
R. Michael Ruppert

Mailing Address 122 Tigitsi Lane

City State Zip Code  
Loudon TN 37774

FEC ID number of contributing federal political committee. **C**

Name of Employer Southeastern Energy Inc. Occupation President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2006

Transaction ID: SA11A1.16490

Amount of Each Receipt this Period  
300.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
Karen Schecter

Mailing Address 105 Sylvan Court

City State Zip Code  
Alexandria VA 22304

FEC ID number of contributing federal political committee. **C**

Name of Employer Ann Eppard Associates Occupation Vice President

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 09 / 2006

Transaction ID: SA11A1.16263

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Lamar Shuler

Mailing Address 8241 Glenrothes Blvd.

City State Zip Code  
Knoxville TN 37909

FEC ID number of contributing federal political committee. **C**

Name of Employer World Travel Occupation Owner

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.16230

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
Patti Shuler

Mailing Address 8241 Glenrothes Blvd.

City State Zip Code  
Knoxville TN 37909

FEC ID number of contributing federal political committee. **C**

Name of Employer Barbara A Simpson, CPA Occupation Bookkeeper

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 6

Transaction ID: SA11A1.16229

Amount of Each Receipt this Period  
250.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
E. Del Smith

Mailing Address 4712 N. 32nd. Street

City State Zip Code  
Arlington VA 22207

FEC ID number of contributing federal political committee. **C**

Name of Employer E. Del Smith & Company Occupation Executive

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 6 / 2 0 0 6

Transaction ID: SA11A1.16270

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1000.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) Doyle Webb		Date of Receipt M M / D D / Y Y Y Y 07 / 13 / 2006
Mailing Address 8014 Willow Stone		<b>Transaction ID:</b> SA11A1.16527
City State Zip Code Powell TN 37849	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Self Occupation Home Builder	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Paul D. Weiss		Date of Receipt M M / D D / Y Y Y Y 05 / 09 / 2006
Mailing Address 1801 K Street, NW Suite 901L		<b>Transaction ID:</b> SA11A1.16612
City State Zip Code Washington DC 20006	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer BKSH & Associates Occupation Government Relations	Election Cycle-to-Date ▼ 1000.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	1000.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Ken Winters		Date of Receipt M M / D D / Y Y Y Y 04 / 03 / 2006
Mailing Address 600 Hwy. 61E		<b>Transaction ID:</b> SA11A1.16235
City State Zip Code Maynardville TN 37807	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Requested Occupation Requested	Election Cycle-to-Date ▼ 250.00	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1500.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 / 107
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A.</b> Mrs. Ken Winters		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 3 / 2 0 0 6	
Mailing Address 600 Hwy. 61E		Transaction ID: SA11A1.16237	
City Maynardville	State TN	Zip Code 37807	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Requested Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Requested Election Cycle-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) <b>B.</b> H. Pat Wood		Date of Receipt M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6	
Mailing Address 1600 Riverview Tower 900 S. Gay Street		Transaction ID: SA11A1.16239	
City Knoxville	State TN	Zip Code 37902	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Lawler-Wood, Inc. Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Real Estate Election Cycle-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	40050.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AFLAC INCORPORATED POLITICAL ACTION COMMITTEE AFLAC PAC</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>WORLDWIDE HEADQUARTERS</b>		<b>Transaction ID: SA11C.16287</b>
City <b>COLUMBUS</b> State <b>GA</b> Zip Code <b>31999</b>	Amount of Each Receipt this Period <b>5000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00034157</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>10000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 16 / 2006</b>
Mailing Address <b>421 AVIATION WAY</b>		<b>Transaction ID: SA11C.16295</b>
City <b>FREDERICK</b> State <b>MD</b> Zip Code <b>21701</b>	Amount of Each Receipt this Period <b>1500.00</b>	
FEC ID number of contributing federal political committee. <b>C C00131185</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 06 / 2006</b>
Mailing Address <b>421 AVIATION WAY</b>		<b>Transaction ID: SA11C.16350</b>
City <b>FREDERICK</b> State <b>MD</b> Zip Code <b>21701</b>	Amount of Each Receipt this Period <b>500.00</b>	
FEC ID number of contributing federal political committee. <b>C C00131185</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>5000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 06 / 2006</b>
Mailing Address <b>421 AVIATION WAY</b>		<b>Transaction ID: SA11C.16351</b>
City <b>FREDERICK</b> State <b>MD</b> Zip Code <b>21701</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00131185</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ <b>6000.00</b>		

Full Name (Last, First, Middle Initial) <b>B. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>07 / 13 / 2006</b>
Mailing Address <b>421 AVIATION WAY</b>		<b>Transaction ID: SA11C.16478</b>
City <b>FREDERICK</b> State <b>MD</b> Zip Code <b>21701</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00131185</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ <b>7000.00</b>		

Full Name (Last, First, Middle Initial) <b>C. ALTRIA GROUP INC. POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>07 / 13 / 2006</b>
Mailing Address <b>101 Constitution Ave NW Suite 400W</b>		<b>Transaction ID: SA11C.16473</b>
City <b>Washington</b> State <b>DC</b> Zip Code <b>20001</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00089136</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ <b>1000.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 / 107
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN AIRLINES POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 23 / 2006</b>
Mailing Address <b>1101-17TH ST NW</b>		<b>Transaction ID: SA11C.16288</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
FEC ID number of contributing federal political committee. <b>C C00107300</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>3000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN BANKERS ASSOCIATION BANKPAC</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>1120 CONN. AVE., NW SUITE 851</b>		<b>Transaction ID: SA11C.16290</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
FEC ID number of contributing federal political committee. <b>C C00004275</b>		Amount of Each Receipt this Period <b>2000.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>5500.00</b>	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN CONCRETE PAVEMENT ASSOCIATION PAC (ACPA PAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>5420 OLD ORCHARD ROAD SUITE A100</b>		<b>Transaction ID: SA11C.16291</b>
City <b>SKOKIE</b>	State <b>IL</b>	Zip Code <b>60077</b>
FEC ID number of contributing federal political committee. <b>C C00322727</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN CONGRESS ON SURVEYING &amp; MAPPING/NATIONAL SOCIETY OF PROFESSIONAL SURVEYORS</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>06 / 27 / 2006</b>
Mailing Address <b>6 MONTGOMERY VILLAGE AVE SUITE 403</b>		<b>Transaction ID: SA11C.16352</b>
City <b>GAITHERSBURG</b> State <b>MD</b> Zip Code <b>20879</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00152892</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼	<b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN DENTAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>04 / 13 / 2006</b>
Mailing Address <b>1111 14TH STREET, NW, 11TH FLOOR</b>		<b>Transaction ID: SA11C.16273</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20005</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00000729</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼	<b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. AMERICAN ELECTRIC POWER COMMITTEE FOR RESPONSIBLE GOVERNMENT, THE</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>1 Riverside Plaza - 26th Floor P.O. Box 16036</b>		<b>Transaction ID: SA11C.16309</b>
City <b>Columbus</b> State <b>OH</b> Zip Code <b>43215</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00096842</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼	<b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN FOREST &amp; PAPER ASSOC PAC (AF&amp;PAPAC) FKA FOREST INDUSTRIES PAC (FIPAC)</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>1111 19TH STREET NW SUITE 800</b>		<b>Transaction ID: SA11C.16292</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20036</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00029348</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ <b>1000.00</b>		

Full Name (Last, First, Middle Initial) <b>B. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>2 West Dixie Highway</b>		<b>Transaction ID: SA11C.16310</b>
City <b>Dania Beach</b> State <b>FL</b> Zip Code <b>33004</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00027532</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ <b>5000.00</b>		

Full Name (Last, First, Middle Initial) <b>C. AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>07 / 13 / 2006</b>
Mailing Address <b>2 West Dixie Highway</b>		<b>Transaction ID: SA11C.16479</b>
City <b>Dania Beach</b> State <b>FL</b> Zip Code <b>33004</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00027532</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation	Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Election Cycle-to-Date ▼ <b>6000.00</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	PAGE 28 / 107
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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION (ARTBA) - 525 PAC

Mailing Address 1010 MASSACHUSETTS AVENUE NW

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00118208

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 17 / 2006

Transaction ID: SA11C.16311

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN SUPPLY ASSOCIATION PAC

Mailing Address 222 MERCHANDISE MART PLAZA ST 1360

City CHICAGO State IL Zip Code 60654

FEC ID number of contributing federal political committee. **C** C00166074

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2006

Transaction ID: SA11C.16616

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE (AVMAPAC)

Mailing Address 1101 VERMONT AVENUE, NW SUITE 710  
SUITE 710

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 09 / 2006

Transaction ID: SA11C.16314

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** ASHLAND INC POLITICAL ACTION COMMITTEE FOR EMPLOYEES (PAGE)

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 391  
PO BOX 391

City ASHLAND State KY Zip Code 41114

FEC ID number of contributing federal political committee. **C** C00075994

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 10 / 2006

**Transaction ID:** SA11C.16274

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
Mailing Address 1957 E STREET, N.W.

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1305.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 03 / 2006

**Transaction ID:** SA11C.16537

Amount of Each Receipt this Period  
305.00

In-kind - Catering Expenses (Geppetto)  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)  
Mailing Address 1957 E STREET, N.W.

City WASHINGTON State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00082917

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1405.00

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 05 / 2006

**Transaction ID:** SA11C.16541

Amount of Each Receipt this Period  
100.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1405.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 / 107
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY <b>07 / 11 / 2006</b>
Mailing Address <b>1957 E STREET, N.W.</b>		<b>Transaction ID: SA11C.16979</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20006</b>	Amount of Each Receipt this Period <b>305.00</b>	
FEC ID number of contributing federal political committee. <b>C C00082917</b>	In-kind - Catering Expense	
Name of Employer Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1710.00</b>	

Full Name (Last, First, Middle Initial) <b>B. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt MM / DD / YYYY <b>07 / 13 / 2006</b>
Mailing Address <b>1957 E STREET, N.W.</b>		<b>Transaction ID: SA11C.16488</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20006</b>	Amount of Each Receipt this Period <b>4695.00</b>	
FEC ID number of contributing federal political committee. <b>C C00082917</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>6405.00</b>	

Full Name (Last, First, Middle Initial) <b>C. ASSOCIATION OF AMERICAN RAILROADS POLITICAL ACTION COMMITTEE (RAIL PAC)</b>		Date of Receipt MM / DD / YYYY <b>04 / 04 / 2006</b>
Mailing Address <b>50 F STREET NW</b>		<b>Transaction ID: SA11C.16275</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20001</b>	Amount of Each Receipt this Period <b>2000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00280743</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer Occupation		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>4000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 107
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ASSOCIATION OF TRIAL LAWYERS OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>1050 31ST STREET, N.W.</b>		<b>Transaction ID: SA11C.16297</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20007</b>
FEC ID number of contributing federal political committee. <b>C C00024521</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. BECHTEL GROUP INC PAC (AKA BECHTEL PAC AND BECHTEL POLITICAL ACTION COMMITTEE)</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>PO BOX 193965 50 BEALE STREET</b>		<b>Transaction ID: SA11C.16313</b>
City <b>SAN FRANCISCO</b>	State <b>CA</b>	Zip Code <b>94119</b>
FEC ID number of contributing federal political committee. <b>C C00103697</b>		Amount of Each Receipt this Period <b>1500.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>5000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. BELLSOUTH CORPORATION EMPLOYEES' FEDERAL POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 24 / 2006</b>
Mailing Address <b>1155 Peachtree St. NE 14D03</b>		<b>Transaction ID: SA11C.16303</b>
City <b>Atlanta</b>	State <b>GA</b>	Zip Code <b>30309</b>
FEC ID number of contributing federal political committee. <b>C C00174060</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 107  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
BOEING COMPANY POLITICAL ACTION COMMITTEE (BPAC)

Mailing Address 1200 WILSON BLVD

City State Zip Code  
ARLINGTON VA 22209

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 5 / 2 0 0 6

**Transaction ID:** SA11C.16316

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
BROWN AND COMPANY INC PAC

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 304

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C** C00326405

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 5 / 2 0 0 6

**Transaction ID:** SA11C.16317

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15TH STREET NW

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 1 3 / 2 0 0 6

**Transaction ID:** SA11C.16487

Amount of Each Receipt this Period  
5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **6500.00**

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 107  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (BNSF RAILPAC)  
 Mailing Address POST OFFICE BOX 961039  
3017 LOU MENK DRIVE  
 City State Zip Code  
FORT WORTH TX 76102  
 FEC ID number of contributing federal political committee. **C** C00235739  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 3 / 2 0 0 6  
**Transaction ID:** SA11C.16278  
 Amount of Each Receipt this Period  
 2000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
BURLINGTON NORTHERN SANTA FE CORPORATION RAILPAC (BNSF RAILPAC)  
 Mailing Address POST OFFICE BOX 961039  
3017 LOU MENK DRIVE  
 City State Zip Code  
FORT WORTH TX 76102  
 FEC ID number of contributing federal political committee. **C** C00235739  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 3 / 2 0 0 6  
**Transaction ID:** SA11C.16315  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
CH2M HILL COMPANIES LTD PAC  
 Mailing Address 6060 SOUTH WILLOW DRIVE  
 City State Zip Code  
GREENWOOD VILLAGE CO 80111  
 FEC ID number of contributing federal political committee. **C** C00143305  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 8 / 2 0 0 6  
**Transaction ID:** SA11C.16354  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 107
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>1130 17TH STREET NW</b>		<b>Transaction ID: SA11C.16319</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
FEC ID number of contributing federal political committee. <b>C C00109819</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. COALPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION</b>		Date of Receipt M M / D D / Y Y Y Y <b>07 / 13 / 2006</b>
Mailing Address <b>1130 17TH STREET NW</b>		<b>Transaction ID: SA11C.16485</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
FEC ID number of contributing federal political committee. <b>C C00109819</b>		Amount of Each Receipt this Period <b>1000.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>3000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. COCA-COLA ENTERPRISES INC EMPLOYEES PAC</b>		Date of Receipt M M / D D / Y Y Y Y <b>04 / 10 / 2006</b>
Mailing Address <b>2500 WINDY RIDGE PARKWAY</b>		<b>Transaction ID: SA11C.16304</b>
City <b>ATLANTA</b>	State <b>GA</b>	Zip Code <b>30339</b>
FEC ID number of contributing federal political committee. <b>C C00250134</b>		Amount of Each Receipt this Period <b>250.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>250.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2250.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. COMMERCIAL LAW LEAGUE OF AMERICA POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y Y 06 / 12 / 2006
Mailing Address 150 N MICHIGAN AVENUE SUITE 600		<b>Transaction ID: SA11C.16355</b>
City State Zip Code CHICAGO IL 60601	FEC ID number of contributing federal political committee. <b>C</b> C00234682	Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. CONSERVATIVE VICTORY FUND</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 26 / 2006
Mailing Address 1101 PENNSYLVANIA AVE SE SUITE 201		<b>Transaction ID: SA11C.16534</b>
City State Zip Code WASHINGTON DC 20003	FEC ID number of contributing federal political committee. <b>C</b> C00009704	Amount of Each Receipt this Period 456.90
Name of Employer	Occupation	In-kind - Mailing List & Fax Expense <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 456.90	

Full Name (Last, First, Middle Initial) <b>C. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA</b>		Date of Receipt M M / D D / Y Y Y Y Y 04 / 13 / 2006
Mailing Address P O BOX 576		<b>Transaction ID: SA11C.16279</b>
City State Zip Code WASHINGTON DC 20044	FEC ID number of contributing federal political committee. <b>C</b> C00007880	Amount of Each Receipt this Period 500.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1956.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. CREDIT UNION LEGISLATIVE ACTION COUNCIL OF CUNA</b>		Date of Receipt MM / DD / YYYY 06 / 06 / 2006
Mailing Address P O BOX 576		Transaction ID: SA11C.16356
City WASHINGTON	State DC	Zip Code 20044
FEC ID number of contributing federal political committee. <b>C</b> C00007880		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. CSX CORPORATION GOOD GOVERNMENT FUND</b>		Date of Receipt MM / DD / YYYY 04 / 04 / 2006
Mailing Address 1331 PENNSYLVANIA AVE NW SUITE 560		Transaction ID: SA11C.16280
City WASHINGTON	State DC	Zip Code 20004
FEC ID number of contributing federal political committee. <b>C</b> C00163832		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. DAIRY FARMERS OF AMERICA INC DEPAC (DAIRY EDUCATION POLITICAL ACTION COMMITTEE)</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2006
Mailing Address P O BOX 909700		Transaction ID: SA11C.16475
City KANSAS CITY	State MO	Zip Code 64190
FEC ID number of contributing federal political committee. <b>C</b> C00001388		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	6000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 37 / 107</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
DCI PAC

Mailing Address **1828 L STREET NW SUITE 400**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00412395**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	0	6

**Transaction ID: SA11C.16320**

Amount of Each Receipt this Period  

1000.00
---------

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
DRS TECHNOLOGIES INC. GOOD GOVERNMENT FUND

Mailing Address **5 Sylvan Way SUITE 500**

City **Parsippany** State **NJ** Zip Code **07054**

FEC ID number of contributing federal political committee. **C C00275123**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **2000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	0	6

**Transaction ID: SA11C.16322**

Amount of Each Receipt this Period  

1000.00
---------

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
EXXON MOBIL CORPORATION-MOBIL POLITICAL ACTION COMMITTEE

Mailing Address **5959 LAS COLINAS BLVD**

City **IRVING** State **TX** Zip Code **75039**

FEC ID number of contributing federal political committee. **C C00095406**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	3	/	2	0	0	6

**Transaction ID: SA11C.16482**

Amount of Each Receipt this Period  

1000.00
---------

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

<b>A.</b> Full Name (Last, First, Middle Initial) FAA MANAGERS ASSOCIATION INC. PAC		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 888 16th Street NW Suite 333		<b>Transaction ID:</b> SA11C.16323
City Washington State DC Zip Code 20006	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. <b>C</b> C00366070		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 4000.00	

<b>B.</b> Full Name (Last, First, Middle Initial) GENERAL AVIATION MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE (GAMAPAC)		Date of Receipt M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6
Mailing Address 1400 K STREET NW SUITE 801		<b>Transaction ID:</b> SA11C.16324
City WASHINGTON State DC Zip Code 20005	Amount of Each Receipt this Period 1500.00	
FEC ID number of contributing federal political committee. <b>C</b> C00014878		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 6
Mailing Address 1299 Pennsylvania Ave NW STE 1100		<b>Transaction ID:</b> SA11C.16357
City Washington State DC Zip Code 20004	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. <b>C</b> C00024869		<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 39 / 107
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
INGRAM BARGE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address ONE BELLE MEADE PL 4400 HARDING RD

City NASHVILLE State TN Zip Code 37205

FEC ID number of contributing federal political committee. **C** C00364471

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 6 / 0 6 / 2 0 0 6

**Transaction ID:** SA11C.16358

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
INTERNATIONAL COUNCIL OF CRUISE LINES POLITICAL ACTION COMM (ICCL-PAC)

Mailing Address 1211 CONNECTICUT AVE NW STE 800

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00303073

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 3000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 3 / 2 0 0 6

**Transaction ID:** SA11C.16325

Amount of Each Receipt this Period  
 2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
JACK PAC

Mailing Address BRISBANE BLDG BOX #28  
403 MAIN STREET

City BUFFALO State NY Zip Code 14203

FEC ID number of contributing federal political committee. **C** C00271171

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 0 4 / 2 0 0 6

**Transaction ID:** SA11C.16281

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 40 / 107
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. MANAGEMENT ASSOCIATION FOR PRIVATE PHOTOGRAMMETRIC SURVEYORS PAC (MAPPS PAC)</b>		Date of Receipt																				
Mailing Address 1760 RESTON PARKWAY SUITE 515		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	3		2	0	0	6													
City	State	Zip Code																				
RESTON	VA	20190																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.16326																				
C C00233247		Amount of Each Receipt this Period																				
		1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006	Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	2000.00																					

Full Name (Last, First, Middle Initial) <b>B. MINEPAC A POLITICAL ACTION COMMITTEE OF THE NATIONAL MINING ASSOCIATION</b>		Date of Receipt																				
Mailing Address 1130 17TH STREET NW		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>7</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	7		1	3		2	0	0	6													
City	State	Zip Code																				
WASHINGTON	DC	20036																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.16486																				
C C00304634		Amount of Each Receipt this Period																				
		1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006	Election Cycle-to-Date ▼																					
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1000.00																					

Full Name (Last, First, Middle Initial) <b>C. NATIONAL BUSINESS AVIATION ASSOCIATION INC POLITICAL ACTION COMMITTEE (NBAA-PAC)</b>		Date of Receipt																				
Mailing Address 1200 EIGHTEENTH ST NW SUITE 400		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		3	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		3	1		2	0	0	6													
City	State	Zip Code																				
WASHINGTON	DC	20036																				
FEC ID number of contributing federal political committee.		Transaction ID: SA11C.16327																				
C C00319723		Amount of Each Receipt this Period																				
		500.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006	Election Cycle-to-Date ▼																					
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	2000.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**NATIONAL MARINE MANUFACTURERS ASSOCIATION POLITICAL ACTION COMMITTEE**

Mailing Address **1819 L STREET NW SUITE 700  
WASHINGTON HARBOR**

City **WASHINGTON** State **DC** Zip Code **20036**

FEC ID number of contributing federal political committee. **C C00245548**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**05 / 03 / 2006**

**Transaction ID: SA11C.16332**

Amount of Each Receipt this Period  
**1000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL STONE SAND & GRAVEL ASSOCIATION ROCKPAC**

Mailing Address **2101 Wilson Blvd Suite 100**

City **Arlington** State **VA** Zip Code **22201**

FEC ID number of contributing federal political committee. **C C00089458**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**06 / 16 / 2006**

**Transaction ID: SA11C.16359**

Amount of Each Receipt this Period  
**1000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL UTILITY CONTRACTORS ASSN LEGISLATIVE INFORMATION & ACTION COMMITTEE**

Mailing Address **4301 N FAIRFAX DR SUITE 360**

City **ARLINGTON** State **VA** Zip Code **22203**

FEC ID number of contributing federal political committee. **C C00004101**

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **3000.00**

Date of Receipt  
M M / D D / Y Y Y Y  
**07 / 13 / 2006**

**Transaction ID: SA11C.16481**

Amount of Each Receipt this Period  
**1000.00**

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 107  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address THREE COMMERCIAL PLACE

City NORFOLK State VA Zip Code 23510

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 10000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 4 / 1 0 / 2 0 0 6

**Transaction ID:** SA11C.16283

Amount of Each Receipt this Period  
 5000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
NRA POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City FAIRFAX State VA Zip Code 22030

FEC ID number of contributing federal political committee. **C** C00053553

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 1 6 / 2 0 0 6

**Transaction ID:** SA11C.16328

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
OCCIDENTAL PETROLEUM CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 10889 WILSHIRE BOULEVARD SUITE 600

City LOS ANGELES State CA Zip Code 90024

FEC ID number of contributing federal political committee. **C** C00083857

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 5 / 2 3 / 2 0 0 6

**Transaction ID:** SA11C.16329

Amount of Each Receipt this Period  
 1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 107  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
OUTDOOR ADVERTISING ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE

Mailing Address 1850 M STREET NW SUITE 1040

City State Zip Code  
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C** C00045781

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 09 / 2006

**Transaction ID:** SA11C.16334

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOD)

Mailing Address 1101 30TH STREET NW SUITE 300  
SUITE 400

City State Zip Code  
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 23 / 2006

**Transaction ID:** SA11C.16331

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOD)

Mailing Address 1101 30TH STREET NW SUITE 300  
SUITE 400

City State Zip Code  
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2006

**Transaction ID:** SA11C.16476

Amount of Each Receipt this Period  
1500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4500.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 107  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
OWNER-OPERATOR INDEPENDENT DRIVERS ASSN INC POLITICAL ACTION COMMITTEE (AKA OOD PAC)

Mailing Address 1101 30TH STREET NW SUITE 300  
SUITE 400

City State Zip Code  
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C** C00236778

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 13 / 2006

**Transaction ID:** SA11C.16477

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
PARSONS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 100 WEST WALNUT STREET

City State Zip Code  
PASADENA CA 91124

FEC ID number of contributing federal political committee. **C** C00103549

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 09 / 2006

**Transaction ID:** SA11C.16335

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
PEABODY ENERGY CORPORATION POLITICAL ACTION COMMITTEE (PEABODY PAC)

Mailing Address 701 Market Street

City State Zip Code  
St. Louis MO 63101

FEC ID number of contributing federal political committee. **C** C00110478

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
05 / 08 / 2006

**Transaction ID:** SA11C.16336

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. RAYTHEON COMPANY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 6
Mailing Address <b>141 SPRING STREET</b>		Transaction ID: SA11C.16338
City <b>LEXINGTON</b>	State <b>MA</b>	Amount of Each Receipt this Period 1000.00
Zip Code <b>02173</b>	FEC ID number of contributing federal political committee. <b>C C00097568</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. ROHM AND HAAS COMPANY EMPLOYEES ASSOCIATION FOR BETTER GOVERNMENT</b>		Date of Receipt M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address <b>100 INDEPENDENCE MALL WEST</b>		Transaction ID: SA11C.16339
City <b>PHILADELPHIA</b>	State <b>PA</b>	Amount of Each Receipt this Period 1000.00
Zip Code <b>19106</b>	FEC ID number of contributing federal political committee. <b>C C00039057</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. SONNENSCHN NATH &amp; ROSENTHAL POLITICAL ACTION COMMITTEE ('SONNENSCHN PAC)</b>		Date of Receipt M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address <b>1301 K STREET NW SUITE 600 EAST TOWER</b>		Transaction ID: SA11C.16361
City <b>WASHINGTON</b>	State <b>DC</b>	Amount of Each Receipt this Period 1000.00
Zip Code <b>20005</b>	FEC ID number of contributing federal political committee. <b>C C00216127</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer	Occupation	
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. TAXICAB LIMOUSINE &amp; PARATRANSIT ASSOCIATION POLITICAL ACTION COMMITTEE (TLPA PAC)</b>		Date of Receipt
Mailing Address 3849 FARRAGUT AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 2 3 / 2 0 0 6
City State Zip Code KENSINGTON MD 20895		Transaction ID: SA11C.16340
FEC ID number of contributing federal political committee. <b>C</b> C00132480		Amount of Each Receipt this Period 2000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) <b>B. TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)</b>		Date of Receipt
Mailing Address 888 16TH ST NW SUITE 650		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 5 / 0 9 / 2 0 0 6
City State Zip Code WASHINGTON DC 20006		Transaction ID: SA11C.16341
FEC ID number of contributing federal political committee. <b>C</b> C00280909		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. TREA SENIOR CITIZENS LEAGUE INC. POLITICAL ACTION COMMITTEE (TSCL-PAC)</b>		Date of Receipt
Mailing Address 909 North Washington Street Suite 300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 7 / 1 3 / 2 0 0 6
City State Zip Code Alexandria VA 22314		Transaction ID: SA11C.16532
FEC ID number of contributing federal political committee. <b>C</b> C00327064		Amount of Each Receipt this Period 1000.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 107  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
UNION PACIFIC CORP FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 600 13TH STREET NW SUITE 340

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 6

**Transaction ID:** SA11C.16306

Amount of Each Receipt this Period  
2000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
UNION PACIFIC CORP FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 600 13TH STREET NW SUITE 340

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 6

**Transaction ID:** SA11C.16307

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
UNION PACIFIC CORP FUND FOR EFFECTIVE GOVERNMENT

Mailing Address 600 13TH STREET NW SUITE 340

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing federal political committee. **C** C00010470

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 0 6

**Transaction ID:** SA11C.16343

Amount of Each Receipt this Period  
1000.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4000.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 107  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
UNITED PARCEL SERVICE OF AMERICA INC POLITICAL ACTION COMMITTEE (UPSPAC)  
 Mailing Address 55 GLENLAKE PARKWAY NE  
 City ATLANTA State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C** C00064766  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 8000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2006  
**Transaction ID:** SA11C.16483  
 Amount of Each Receipt this Period  
 2500.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
UNITED PARCEL SERVICE OF AMERICA INC POLITICAL ACTION COMMITTEE (UPSPAC)  
 Mailing Address 55 GLENLAKE PARKWAY NE  
 City ATLANTA State GA Zip Code 30328  
 FEC ID number of contributing federal political committee. **C** C00064766  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 9000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 13 / 2006  
**Transaction ID:** SA11C.16484  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**C.** Full Name (Last, First, Middle Initial)  
UNITED SERVICES AUTOMOBILE ASSOCIATION GROUP POLITICAL ACTION COMMITTEE (USAAGPAC)  
 Mailing Address 9800 FREDERICKSBURG ROAD  
 City SAN ANTONIO State TX Zip Code 78288  
 FEC ID number of contributing federal political committee. **C** C00164145  
 Name of Employer Occupation  
 Receipt For: 2006  
 Primary  General  
 Other (specify) ▼  
 Election Cycle-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 18 / 2006  
**Transaction ID:** SA11C.16543  
 Amount of Each Receipt this Period  
 1000.00  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4500.00  
**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 107
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input checked="" type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UNITED TECHNOLOGIES CORPORATION, POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>05 / 09 / 2006</b>
Mailing Address <b>1401 EYE STREET NW SUITE 600</b>		<b>Transaction ID: SA11C.16344</b>
City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20005</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00035683</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer _____ Occupation _____		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>B. UNITED TRANSPORTATION UNION (UTU) TRANSPORTATION POLITICAL EDUCATION LEAGUE</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 22 / 2006</b>
Mailing Address <b>14600 DETROIT AVENUE</b>		<b>Transaction ID: SA11C.16362</b>
City <b>CLEVELAND</b> State <b>OH</b> Zip Code <b>44107</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00001636</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer _____ Occupation _____		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1000.00</b>	

Full Name (Last, First, Middle Initial) <b>C. US-CUBA DEMOCRACY POLITICAL ACTION COMMITTEE</b>		Date of Receipt M M / D D / Y Y Y Y <b>06 / 02 / 2006</b>
Mailing Address <b>1200 West 49th Street</b>		<b>Transaction ID: SA11C.16363</b>
City <b>Hialeah</b> State <b>FL</b> Zip Code <b>33012</b>	Amount of Each Receipt this Period <b>1000.00</b>	
FEC ID number of contributing federal political committee. <b>C C00387720</b>	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Name of Employer _____ Occupation _____		
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2000.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 107
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b
	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. VAN NESS FELDMAN PC POLITICAL ACTION COMMITTEE(AKA VAN NESS FELDMAN POLITICAL</b>		Date of Receipt																				
Mailing Address 1050 THOMAS JEFFERSON ST NW STE700		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	9		2	0	0	6													
City State Zip Code WASHINGTON DC 20007		Transaction ID: SA11C.16345																				
FEC ID number of contributing federal political committee. <b>C</b> C00205369		Amount of Each Receipt this Period 500.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

Full Name (Last, First, Middle Initial) <b>B. VEN-PAC</b>		Date of Receipt																				
Mailing Address PO BOX 70002		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	9		2	0	0	6													
City State Zip Code WASHINGTON DC 20024		Transaction ID: SA11C.16347																				
FEC ID number of contributing federal political committee. <b>C</b> C00369660		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00																					

Full Name (Last, First, Middle Initial) <b>C. VSS&amp;P FEDPAC</b>		Date of Receipt																				
Mailing Address 52 E GAY ST PO BOX 1008		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		2	3		2	0	0	6													
City State Zip Code COLUMBUS OH 43216		Transaction ID: SA11C.16348																				
FEC ID number of contributing federal political committee. <b>C</b> C00220764		Amount of Each Receipt this Period 1000.00																				
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)																				
Receipt For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 51 / 107</span>
	(check only one)
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**DUNCAN FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**VULCAN MATERIALS COMPANY POLITICAL ACTION COMMITTEE**

Mailing Address **P. O. Box 385014**

City **Birmingham** State **AL** Zip Code **35238**

FEC ID number of contributing federal political committee. **C C00116020**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	6

**Transaction ID: SA11C.16364**

Amount of Each Receipt this Period  

<b>1000.00</b>
----------------

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
**WATERPAC - NATIONAL RURAL WATER ASSOCIATION POLITICAL COMMITTEE**

Mailing Address **2915 SOUTH 13TH**

City **DUNCAN** State **OK** Zip Code **73533**

FEC ID number of contributing federal political committee. **C C00202184**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ **1000.00**

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	1	/	2	0	0	6

**Transaction ID: SA11C.16285**

Amount of Each Receipt this Period  

<b>1000.00</b>
----------------

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>110211.90</b>

# SCHEDULE A (FEC Form 3 ) ITEMIZED RECEIPTS

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 107  
(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	11d	<input type="checkbox"/>	15
<input checked="" type="checkbox"/>	12	<input type="checkbox"/>	13a	<input type="checkbox"/>	13b	<input type="checkbox"/>	14	<input type="checkbox"/>	15

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)  
A. TOBY ROTH FOR CONGRESS '96 COMMITTEE

Mailing Address 512 W COLLEGE AVENUE

City	State	Zip Code
APPLETON	WI	54911

FEC ID number of contributing federal political committee. **C** C00140350

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 06 / 2006

Transaction ID: SA12.16366

Amount of Each Receipt this Period  
500.00

Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	500.00

**SCHEDULE A (FEC Form 3 )  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	PAGE 53 / 107
	(check only one) <input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A.** Full Name (Last, First, Middle Initial)  
Bankeast

Mailing Address P. O. Box 24

City State Zip Code  
Knoxville TN 37901

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
12852.99

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	4	/	2	0	0	6

Transaction ID: SA15.16673

Amount of Each Receipt this Period  
4171.71

Interest Income  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

**B.** Full Name (Last, First, Middle Initial)  
FSG Bank

Mailing Address 109 N Northshore Drive

City State Zip Code  
Knoxville TN 37919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: 2006  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6618.93

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	0	6

Transaction ID: SA15.16672

Amount of Each Receipt this Period  
1982.86

Interest Income  
 Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>6154.57</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>6154.57</b>

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Darrell Akins</b>		<b>Transaction ID:</b> SB17.16370 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37901-5171		
Purpose of Disbursement Salary Expense Candidate Name DUNCAN FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02		

Full Name (Last, First, Middle Initial) <b>B. Darrell Akins</b>		<b>Transaction ID:</b> SB17.16398 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37901-5171		
Purpose of Disbursement Salary Expense Candidate Name DUNCAN FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02		

Full Name (Last, First, Middle Initial) <b>C. Darrell Akins</b>		<b>Transaction ID:</b> SB17.16429 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 200.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37901-5171		
Purpose of Disbursement Salary Expense Candidate Name DUNCAN FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Darrell Akins</b>		Transaction ID: SB17.16441 Date of Disbursement 07 / 01 / 2006	
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 200.00	
City Knoxville State TN Zip Code 37901-5171	Purpose of Disbursement Salary Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Akins/Crisp Public Strategies</b>		Transaction ID: SB17.16374 Date of Disbursement 04 / 12 / 2006	
Mailing Address 2607 Kingston Pike, #110		Amount of Each Disbursement this Period 24.05	
City Knoxville State TN Zip Code 37919	Purpose of Disbursement Reimburse:Office Supplies	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Akins/Crisp Public Strategies</b>		Transaction ID: SB17.16414 Date of Disbursement 05 / 10 / 2006	
Mailing Address 2607 Kingston Pike, #110		Amount of Each Disbursement this Period 18.14	
City Knoxville State TN Zip Code 37919	Purpose of Disbursement Reimburse:Mailing Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	242.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Akins/Crisp Public Strategies</b>		<b>Transaction ID:</b> SB17.16426 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 2607 Kingston Pike, #110		Amount of Each Disbursement this Period 57.77 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37919		
Purpose of Disbursement Reimburse:Mailing Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Akins/Crisp Public Strategies</b>		<b>Transaction ID:</b> SB17.16453 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 1 / 2 0 0 6
Mailing Address 2607 Kingston Pike, #110		Amount of Each Disbursement this Period 18.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37919		
Purpose of Disbursement Reimburse:Mailing Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Akins/Crisp Public Strategies</b>		<b>Transaction ID:</b> SB17.16471 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 2607 Kingston Pike, #110		Amount of Each Disbursement this Period 18.71 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37919		
Purpose of Disbursement Mailing Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	95.19
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17.16544 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertaining Constituents(Cracker Bbl)		Amount of Each Disbursement this Period <input type="text" value="37.50"/>
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17.16546 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertaining Constituents		Amount of Each Disbursement this Period <input type="text" value="289.20"/>
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB17.16547 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense		Amount of Each Disbursement this Period <input type="text" value="51.89"/>
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="378.59"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17.16548	
Mailing Address Suite 0001		Date of Disbursement 05 / 10 / 2006	
City Chicago	State IL	Zip Code 60679-0001	
Purpose of Disbursement Travel Expense(US Air)		Amount of Each Disbursement this Period 927.20	
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02	Category/Type		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17.16550	
Mailing Address Suite 0001		Date of Disbursement 05 / 10 / 2006	
City Chicago	State IL	Zip Code 60679-0001	
Purpose of Disbursement Travel Expense(Hilton Suites)		Amount of Each Disbursement this Period 215.93	
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02	Category/Type		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB17.16551	
Mailing Address Suite 0001		Date of Disbursement 05 / 10 / 2006	
City Chicago	State IL	Zip Code 60679-0001	
Purpose of Disbursement Gift Expense(Babies R Us)		Amount of Each Disbursement this Period 165.50	
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02	Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1308.63</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17.16553	
Mailing Address Suite 0001		Date of Disbursement 05 / 10 / 2006	
City Chicago	State IL	Zip Code 60679-0001	
Purpose of Disbursement Gift Expense(Steinmart)		Amount of Each Disbursement this Period 74.68	
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02	Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17.16558	
Mailing Address Suite 0001		Date of Disbursement 05 / 10 / 2006	
City Chicago	State IL	Zip Code 60679-0001	
Purpose of Disbursement Gift Expense(Spa Visage)		Amount of Each Disbursement this Period 133.00	
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02	Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB17.16560	
Mailing Address Suite 0001		Date of Disbursement 05 / 10 / 2006	
City Chicago	State IL	Zip Code 60679-0001	
Purpose of Disbursement Entertaining Constituents(Regas)		Amount of Each Disbursement this Period 77.17	
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02	Category/ Type		

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**284.85**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17.16562	
Mailing Address Suite 0001		Date of Disbursement 05 / 10 / 2006	
City Chicago	State IL	Zip Code 60679-0001	
Purpose of Disbursement Entertaining Constituents(Riverside Tav)		Amount of Each Disbursement this Period 159.75	
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02	Category/ Type		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17.16564	
Mailing Address Suite 0001		Date of Disbursement 05 / 10 / 2006	
City Chicago	State IL	Zip Code 60679-0001	
Purpose of Disbursement Entertaining Constituents(Buca di Beppo)		Amount of Each Disbursement this Period 98.56	
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02	Category/ Type		

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB17.16567	
Mailing Address Suite 0001		Date of Disbursement 05 / 10 / 2006	
City Chicago	State IL	Zip Code 60679-0001	
Purpose of Disbursement Entertaining Constituents(Kanpai)		Amount of Each Disbursement this Period 199.23	
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02	Category/ Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>457.54</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17.16570 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertaining Constituents(Olive Garden)		Amount of Each Disbursement this Period
Candidate Name DUNCAN FOR CONGRESS		<input type="text" value="196.81"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17.16573 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertaining Constituents(Chop House)		Amount of Each Disbursement this Period
Candidate Name DUNCAN FOR CONGRESS		<input type="text" value="108.86"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB17.16576 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertaining Constituents(Edison Park)		Amount of Each Disbursement this Period
Candidate Name DUNCAN FOR CONGRESS		<input type="text" value="92.85"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
State: TN	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="398.52"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB17.16578 Date of Disbursement 06 / 02 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 378.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60679-0001	Category/ Type	
Purpose of Disbursement Travel Expense(US Air)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB17.16580 Date of Disbursement 06 / 02 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 38.20 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60679-0001	Category/ Type	
Purpose of Disbursement Travel Expense		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: SB17.16581 Date of Disbursement 06 / 02 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 285.14 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60679-0001	Category/ Type	
Purpose of Disbursement Entertaining Constituents		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	701.94
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB17.16582 Date of Disbursement 06 / 02 / 2006	
Mailing Address Suite 0001		Amount of Each Disbursement this Period 103.79	
City Chicago State IL Zip Code 60679-0001	Purpose of Disbursement Gift Expense(Dillards)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB17.16585 Date of Disbursement 06 / 02 / 2006	
Mailing Address Suite 0001		Amount of Each Disbursement this Period 183.01	
City Chicago State IL Zip Code 60679-0001	Purpose of Disbursement Entertaining Constituents(Regas)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/>	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: SB17.16587 Date of Disbursement 06 / 02 / 2006	
Mailing Address Suite 0001		Amount of Each Disbursement this Period 23.96	
City Chicago State IL Zip Code 60679-0001	Purpose of Disbursement Entertaining Constituents(Cracker Barrel)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	310.76
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17.16589 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertaining Constituents(Copper Cellar)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="218.34"/>
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17.16591 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="06"/> / <input type="text" value="02"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertaining Constituents(Calhoun's)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="25.28"/>
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB17.16593 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="07"/> / <input type="text" value="12"/> / <input type="text" value="2006"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="62.51"/>
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17.16594 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="12"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Entertaining Constituents	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="134.14"/>
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17.16595 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="12"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Travel Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="58.62"/>
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB17.16597 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="07"/> <input type="text" value="07"/> / <input type="text" value="12"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="06"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense(Spa Visage)	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="70.00"/>
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="262.76"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		<b>Transaction ID:</b> SB17.16599 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense(Glass Bazaar)		Amount of Each Disbursement this Period <input type="text" value="112.80"/>
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>		<b>Transaction ID:</b> SB17.16601 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Gift Expense(Westown Mall)		Amount of Each Disbursement this Period <input type="text" value="260.00"/>
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>		<b>Transaction ID:</b> SB17.16603 Date of Disbursement
Mailing Address Suite 0001		<input type="text" value="07"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City Chicago	State IL	Zip Code 60679-0001
Purpose of Disbursement Travel Expense(US Air)		Amount of Each Disbursement this Period <input type="text" value="52.50"/>
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="425.30"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. American Express</b>		Transaction ID: SB17.16605 Date of Disbursement 07 / 12 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 386.30 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60679-0001	Category/ Type	
Purpose of Disbursement Entertaining Constituents(Chesapeake's)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>B. American Express</b>		Transaction ID: SB17.16607 Date of Disbursement 07 / 12 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 65.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60679-0001	Category/ Type	
Purpose of Disbursement Entertaining Constituents(Regas)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Full Name (Last, First, Middle Initial) <b>C. American Express</b>		Transaction ID: SB17.16609 Date of Disbursement 07 / 12 / 2006
Mailing Address Suite 0001		Amount of Each Disbursement this Period 149.36 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Chicago State IL Zip Code 60679-0001	Category/ Type	
Purpose of Disbursement Entertaining Constituents(Cracker Barrel)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

601.05

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB17.16538
Mailing Address 1957 E STREET, N.W.		Date of Disbursement MM / DD / YYYY 04 / 03 / 2006
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement In-kind - Catering Expense(Geppetto)	Category/ Type	Amount of Each Disbursement this Period 305.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ASSOCIATED GENERAL CONTRACTORS OF AMERICA POLITICAL ACTION COMMITTEE</b>		<b>Transaction ID:</b> SB17.16980
Mailing Address 1957 E STREET, N.W.		Date of Disbursement MM / DD / YYYY 07 / 11 / 2006
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement In-kind - Catering Expense	Category/ Type	Amount of Each Disbursement this Period 305.00
Candidate Name		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Babies R Us</b>		<b>Transaction ID:</b> SB17.16552
Mailing Address 9626 Kingston Pike		Date of Disbursement MM / DD / YYYY 05 / 10 / 2006
City Knoxville	State TN	Zip Code 37922
Purpose of Disbursement Memo:Gift Expense	Category/ Type	Amount of Each Disbursement this Period 165.50
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN District: 02		

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

610.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Bearden Mini Storage</b>		Transaction ID: SB17.16372 Date of Disbursement																					
Mailing Address 6415 Baum Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		0	4		2	0	0	6														
City Knoxville	State TN	Zip Code 37919	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rental Expense		Category/ Type	62.00																				
Candidate Name DUNCAN FOR CONGRESS			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District: 02																						

Full Name (Last, First, Middle Initial) <b>B. Bearden Mini Storage</b>		Transaction ID: SB17.16397 Date of Disbursement																					
Mailing Address 6415 Baum Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	4		2	0	0	6														
City Knoxville	State TN	Zip Code 37919	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rental Expense		Category/ Type	62.00																				
Candidate Name DUNCAN FOR CONGRESS			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District: 02																						

Full Name (Last, First, Middle Initial) <b>C. Bearden Mini Storage</b>		Transaction ID: SB17.16430 Date of Disbursement																					
Mailing Address 6415 Baum Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	2		2	0	0	6														
City Knoxville	State TN	Zip Code 37919	Amount of Each Disbursement this Period																				
Purpose of Disbursement Rental Expense		Category/ Type	62.00																				
Candidate Name DUNCAN FOR CONGRESS			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District: 02																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	186.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Bearden Mini Storage</b>		<b>Transaction ID:</b> SB17.16444 Date of Disbursement
Mailing Address 6415 Baum Drive		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2006"/>
City Knoxville	State TN	Zip Code 37919
Purpose of Disbursement Rental Expense		<input type="text" value="62.00"/>
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>B. Becmor Services</b>		<b>Transaction ID:</b> SB17.16369 Date of Disbursement
Mailing Address 1100 Bridgestone Place		<input type="text" value="04"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City Knoxville	State TN	Zip Code 37919
Purpose of Disbursement FEC Accounting Expense		<input type="text" value="500.00"/>
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

Full Name (Last, First, Middle Initial) <b>C. Becmor Services</b>		<b>Transaction ID:</b> SB17.16400 Date of Disbursement
Mailing Address 1100 Bridgestone Place		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2006"/>
City Knoxville	State TN	Zip Code 37919
Purpose of Disbursement FEC Accounting Expense		<input type="text" value="500.00"/>
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 02	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="1062.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Becmor Services</b>		<b>Transaction ID:</b> SB17.16427 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 1100 Bridgestone Place		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37919		
Purpose of Disbursement FEC Accounting Expense	Category/ Type	
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Becmor Services</b>		<b>Transaction ID:</b> SB17.16443 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 0 6
Mailing Address 1100 Bridgestone Place		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37919		
Purpose of Disbursement FEC Accounting Expense	Category/ Type	
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bittersweet Cafe</b>		<b>Transaction ID:</b> SB17.16635 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 823 King Street		Amount of Each Disbursement this Period 553.03 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Catering Expense(Kuhl,Boustany)	Category/ Type	
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1553.03
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Bittersweet Cafe</b>		Transaction ID: SB17.16640 Date of Disbursement 05 / 08 / 2006
Mailing Address 823 King Street		Amount of Each Disbursement this Period 293.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Catering Expense(Mack)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bittersweet Cafe</b>		Transaction ID: SB17.16641 Date of Disbursement 05 / 09 / 2006
Mailing Address 823 King Street		Amount of Each Disbursement this Period 54.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Catering Expense		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bittersweet Cafe</b>		Transaction ID: SB17.16643 Date of Disbursement 05 / 19 / 2006
Mailing Address 823 King Street		Amount of Each Disbursement this Period 239.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Catering Expense(Gerlach)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	586.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Bittersweet Cafe</b>		Transaction ID: SB17.16647 Date of Disbursement 06 / 06 / 2006
Mailing Address 823 King Street		Amount of Each Disbursement this Period 347.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Catering Expense (Sweeney)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Bittersweet Cafe</b>		Transaction ID: SB17.16649 Date of Disbursement 06 / 15 / 2006
Mailing Address 823 King Street		Amount of Each Disbursement this Period 293.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Catering Expense(Poe)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Bittersweet Cafe</b>		Transaction ID: SB17.16660 Date of Disbursement 06 / 18 / 2006
Mailing Address 823 King Street		Amount of Each Disbursement this Period 300.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314	Category/ Type	
Purpose of Disbursement Catering Expense		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	940.78
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Bittersweet Cafe</b>		<b>Transaction ID:</b> SB17.16985 Date of Disbursement 07 / 05 / 2006
Mailing Address 823 King Street		Amount of Each Disbursement this Period 293.39 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22314		
Purpose of Disbursement Catering Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Blount Co. Chamber of Commerce</b>		<b>Transaction ID:</b> SB17.16424 Date of Disbursement 06 / 02 / 2006
Mailing Address 309 S. Washington Street		Amount of Each Disbursement this Period 155.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Maryville State TN Zip Code 37801		
Purpose of Disbursement Dues Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Buca di Beppo</b>		<b>Transaction ID:</b> SB17.16565 Date of Disbursement 05 / 10 / 2006
Mailing Address 1825 Connecticut Avenue, NW		Amount of Each Disbursement this Period 98.56 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Washington State DC Zip Code 20001		
Purpose of Disbursement Memo:Entertaining Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	448.39
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

<b>A. Calhoun's</b> Full Name (Last, First, Middle Initial) Mailing Address 10020 Kingston Pike City Knoxville State TN Zip Code 37922 Purpose of Disbursement Memo: Entertaining Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.16592 Date of Disbursement 06 / 02 / 2006 Amount of Each Disbursement this Period 25.28 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
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<b>B. Capitol Hill Club</b> Full Name (Last, First, Middle Initial) Mailing Address 300 First Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Entertaining Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.16380 Date of Disbursement 04 / 18 / 2006 Amount of Each Disbursement this Period 82.42 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>C. Capitol Hill Club</b> Full Name (Last, First, Middle Initial) Mailing Address 300 First Street, SE City Washington State DC Zip Code 20003 Purpose of Disbursement Fundraising Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02 Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: SB17.16984 Date of Disbursement 06 / 28 / 2006 Amount of Each Disbursement this Period 7429.90 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
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<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7512.32
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Cash</b>		Transaction ID: SB17.16418 Date of Disbursement																					
Mailing Address P. O. Box 2646		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		0	8		2	0	0	6														
City Knoxville	State TN	Zip Code 37901																					
Purpose of Disbursement Petty Cash		<table border="1"> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="2">100.00</td> </tr> </table>		Amount of Each Disbursement this Period		100.00																	
Amount of Each Disbursement this Period																							
100.00																							
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN District: 02	Category/ Type																						

Full Name (Last, First, Middle Initial) <b>B. Cash</b>		Transaction ID: SB17.16439 Date of Disbursement																					
Mailing Address P. O. Box 2646		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	3		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	3		2	0	0	6														
City Knoxville	State TN	Zip Code 37901																					
Purpose of Disbursement Petty Cash		<table border="1"> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="2">200.00</td> </tr> </table>		Amount of Each Disbursement this Period		200.00																	
Amount of Each Disbursement this Period																							
200.00																							
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN District: 02	Category/ Type																						

Full Name (Last, First, Middle Initial) <b>C. Chesapeake's</b>		Transaction ID: SB17.16606 Date of Disbursement																					
Mailing Address 500 Henley Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	2		2	0	0	6														
City Knoxville	State TN	Zip Code 37902																					
Purpose of Disbursement Memo:Entertaining Constituents		<table border="1"> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td colspan="2">386.30</td> </tr> </table>		Amount of Each Disbursement this Period		386.30																	
Amount of Each Disbursement this Period																							
386.30																							
Candidate Name DUNCAN FOR CONGRESS		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN District: 02	Category/ Type																						

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Chop House</b>		Transaction ID: SB17.16575 Date of Disbursement																					
Mailing Address 9700 Kingston Pike		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	0		2	0	0	6														
City Knoxville	State TN	Zip Code 37922																					
Purpose of Disbursement Memo:Entertaining Constituents		Amount of Each Disbursement this Period <table border="1"><tr><td>108.86</td></tr></table>		108.86																			
108.86																							
Candidate Name DUNCAN FOR CONGRESS																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN District: 02		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>																					

Full Name (Last, First, Middle Initial) <b>B. CONSERVATIVE VICTORY FUND</b>		Transaction ID: SB17.16536 Date of Disbursement																					
Mailing Address 1101 PENNSYLVANIA AVE SE SUITE 201		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	4		2	6		2	0	0	6														
City WASHINGTON	State DC	Zip Code 20003																					
Purpose of Disbursement In-kind - Mailing List & Fax Expense		Amount of Each Disbursement this Period <table border="1"><tr><td>456.90</td></tr></table>		456.90																			
456.90																							
Candidate Name																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: District:		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																					

Full Name (Last, First, Middle Initial) <b>C. Copper Cellar</b>		Transaction ID: SB17.16590 Date of Disbursement																					
Mailing Address 7316 Kingston Pike		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	2		2	0	0	6														
City Knoxville	State TN	Zip Code 37919																					
Purpose of Disbursement Memo:Entertaining Constituents		Amount of Each Disbursement this Period <table border="1"><tr><td>218.34</td></tr></table>		218.34																			
218.34																							
Candidate Name DUNCAN FOR CONGRESS																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN District: 02		<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>																					

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"><tr><td>456.90</td></tr></table>	456.90
456.90		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"><tr><td> </td></tr></table>	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Cracker Barrel</b>		Transaction ID: SB17.16545 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 305 Hartmann Drive		Amount of Each Disbursement this Period 37.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Lebanon State TN Zip Code 37087		
Purpose of Disbursement Memo:Entertaining Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>B. Cracker Barrel</b>		Transaction ID: SB17.16588 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 305 Hartmann Drive		Amount of Each Disbursement this Period 23.96 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Lebanon State TN Zip Code 37087		
Purpose of Disbursement Memo:Entertaining Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

Full Name (Last, First, Middle Initial) <b>C. Crouch Florist</b>		Transaction ID: SB17.16385 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 6
Mailing Address 2120 Cumberland Avenue		Amount of Each Disbursement this Period 69.81 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37916		
Purpose of Disbursement Memo:Floral Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Category/Type		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	69.81
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Crouch Florist</b>		<b>Transaction ID:</b> SB17.16390 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 0 / 2 0 0 6
Mailing Address 2120 Cumberland Avenue		Amount of Each Disbursement this Period 118.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37916		
Purpose of Disbursement Floral Expense	Category/ Type	
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Crouch Florist</b>		<b>Transaction ID:</b> SB17.16395 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6
Mailing Address 2120 Cumberland Avenue		Amount of Each Disbursement this Period 118.97 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37916		
Purpose of Disbursement Floral Expense	Category/ Type	
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Crouch Florist</b>		<b>Transaction ID:</b> SB17.16413 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 2120 Cumberland Avenue		Amount of Each Disbursement this Period 91.66 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37916		
Purpose of Disbursement Floral Expense	Category/ Type	
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	329.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Crouch Florist</b>		Transaction ID: SB17.16411 Date of Disbursement 05 / 23 / 2006
Mailing Address 2120 Cumberland Avenue		Amount of Each Disbursement this Period 153.99 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37916		
Purpose of Disbursement Floral Expense	Category/ Type	
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Crouch Florist</b>		Transaction ID: SB17.16455 Date of Disbursement 07 / 11 / 2006
Mailing Address 2120 Cumberland Avenue		Amount of Each Disbursement this Period 183.32 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37916		
Purpose of Disbursement Floral Expense	Category/ Type	
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Daily Post Athenian</b>		Transaction ID: SB17.16434 Date of Disbursement 06 / 16 / 2006
Mailing Address P. O. Box 340		Amount of Each Disbursement this Period 65.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Athens State TN Zip Code 37371-0340		
Purpose of Disbursement Advertising Expense	Category/ Type	
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	402.31
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)



# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Daily Post Athenian</b>		<b>Transaction ID:</b> SB17.16468 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address P. O. Box 340		Amount of Each Disbursement this Period 275.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Athens State TN Zip Code 37371-0340		
Purpose of Disbursement Advertising Expense Candidate Name DUNCAN FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02		

Full Name (Last, First, Middle Initial) <b>B. Daily Post Athenian</b>		<b>Transaction ID:</b> SB17.16472 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address P. O. Box 340		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Athens State TN Zip Code 37371-0340		
Purpose of Disbursement Advertising Expense Candidate Name DUNCAN FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02		

Full Name (Last, First, Middle Initial) <b>C. Dillard's</b>		<b>Transaction ID:</b> SB17.16583 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6
Mailing Address 7600 Kingston Pike		Amount of Each Disbursement this Period 103.79 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Knoxville State TN Zip Code 37919		
Purpose of Disbursement Memo:Gift Expense Candidate Name DUNCAN FOR CONGRESS Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	325.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Direct Mail Service</b>		<b>Transaction ID:</b> SB17.16466	
Mailing Address P. O. Box 51864		Date of Disbursement 07 / 12 / 2006	
City Knoxville	State TN	Zip Code 37950	Amount of Each Disbursement this Period 12117.91
Purpose of Disbursement Mailing Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 02		

Full Name (Last, First, Middle Initial) <b>B. Lynn Duncan</b>		<b>Transaction ID:</b> SB17.16402	
Mailing Address 12103 Butternut Circle		Date of Disbursement 05 / 16 / 2006	
City Knoxville	State TN	Zip Code 37922	Amount of Each Disbursement this Period 117.00
Purpose of Disbursement Reimburse:Mileage & Food Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 02		

Full Name (Last, First, Middle Initial) <b>C. Lynn Duncan</b>		<b>Transaction ID:</b> SB17.16435	
Mailing Address 12103 Butternut Circle		Date of Disbursement 06 / 20 / 2006	
City Knoxville	State TN	Zip Code 37922	Amount of Each Disbursement this Period 273.00
Purpose of Disbursement Reimburse:Gift & Food Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>12507.91</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Edisonpark Steakhouse</b>		Transaction ID: SB17.16577 Date of Disbursement 05 / 10 / 2006	
Mailing Address 111 S Campbell Station Road		Amount of Each Disbursement this Period 92.85	
City Knoxville State TN Zip Code 37922	Purpose of Disbursement Memo:Entertaining Constituents	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Farragut-West Chamber of Commerce</b>		Transaction ID: SB17.16425 Date of Disbursement 06 / 02 / 2006	
Mailing Address P. O. Box 22461		Amount of Each Disbursement this Period 170.00	
City Knoxville State TN Zip Code 37922	Purpose of Disbursement Dues Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Farragut Press Enterprise</b>		Transaction ID: SB17.16454 Date of Disbursement 07 / 11 / 2006	
Mailing Address P. O Box 23497		Amount of Each Disbursement this Period 40.00	
City Knoxville State TN Zip Code 37933	Purpose of Disbursement Advertising Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	210.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Glass Bazaar</b>		<b>Transaction ID:</b> SB17.16600	
Mailing Address 6470 Kingston Pike		Date of Disbursement MM / DD / YYYY 07 / 12 / 2006	
City Knoxville	State TN	Zip Code 37919	Amount of Each Disbursement this Period 112.80
Purpose of Disbursement Memo: Gift Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>
State: TN	District: 02		

Full Name (Last, First, Middle Initial) <b>B. Bob Griffiths</b>		<b>Transaction ID:</b> SB17.16368	
Mailing Address 2002 Rivergate Drive		Date of Disbursement MM / DD / YYYY 04 / 04 / 2006	
City Knoxville	State TN	Zip Code 37920	Amount of Each Disbursement this Period 400.00
Purpose of Disbursement Salary Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 02		

Full Name (Last, First, Middle Initial) <b>C. Bob Griffiths</b>		<b>Transaction ID:</b> SB17.16377	
Mailing Address 2002 Rivergate Drive		Date of Disbursement MM / DD / YYYY 04 / 18 / 2006	
City Knoxville	State TN	Zip Code 37920	Amount of Each Disbursement this Period 182.80
Purpose of Disbursement Reimburse: Mileage Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>582.80</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Bob Griffiths</b>		Transaction ID: SB17.16399 Date of Disbursement 05 / 04 / 2006	
Mailing Address 2002 Rivergate Drive		Amount of Each Disbursement this Period 400.00	
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Salary Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) <b>B. Bob Griffiths</b>		Transaction ID: SB17.16428 Date of Disbursement 06 / 02 / 2006	
Mailing Address 2002 Rivergate Drive		Amount of Each Disbursement this Period 400.00	
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Salary Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

Full Name (Last, First, Middle Initial) <b>C. Bob Griffiths</b>		Transaction ID: SB17.16442 Date of Disbursement 07 / 01 / 2006	
Mailing Address 2002 Rivergate Drive		Amount of Each Disbursement this Period 400.00	
City Knoxville State TN Zip Code 37920	Purpose of Disbursement Salary Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Hilton Suites</b>		Transaction ID: SB17.16556 Date of Disbursement 05 / 10 / 2006	
Mailing Address 9000 Overlook Blvd.		Amount of Each Disbursement this Period 215.93	
City Brentwood State TN Zip Code 37027	Purpose of Disbursement Memo: Travel Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name DUNCAN FOR CONGRESS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02			

Full Name (Last, First, Middle Initial) <b>B. Jerry W. Terry Photographer</b>		Transaction ID: SB17.16983 Date of Disbursement 06 / 26 / 2006	
Mailing Address 3725 Gunston Road		Amount of Each Disbursement this Period 1048.25	
City Alexandria State VA Zip Code 22302	Purpose of Disbursement Fundraising Photography Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02			

Full Name (Last, First, Middle Initial) <b>C. Kanpai of Tokyo</b>		Transaction ID: SB17.16569 Date of Disbursement 05 / 10 / 2006	
Mailing Address 1645 Downtown West Blvd.		Amount of Each Disbursement this Period 199.23	
City Knoxville State TN Zip Code 37919	Purpose of Disbursement Memo: Entertaining Constituents	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name DUNCAN FOR CONGRESS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1048.25
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Elaine King</b>		<b>Transaction ID:</b> SB17.16391 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 16.80 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37901		
Purpose of Disbursement Reimburse:Mileage Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Elaine King</b>		<b>Transaction ID:</b> SB17.16396 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37901		
Purpose of Disbursement Salary Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Elaine King</b>		<b>Transaction ID:</b> SB17.16422 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 240.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37901		
Purpose of Disbursement Salary Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>496.80</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Elaine King</b>		Transaction ID: SB17.16440 Date of Disbursement 07 / 01 / 2006	
Mailing Address P. O. Box 15171		Amount of Each Disbursement this Period 240.00	
City Knoxville State TN Zip Code 37901	Purpose of Disbursement Salary Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Kiwanis Club of Northside Knoxville</b>		Transaction ID: SB17.16389 Date of Disbursement 04 / 20 / 2006	
Mailing Address P. O. Box 3041		Amount of Each Disbursement this Period 96.90	
City Knoxville State TN Zip Code 37927-3041	Purpose of Disbursement Dues Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Knox County Republican Party</b>		Transaction ID: SB17.16665 Date of Disbursement 04 / 01 / 2006	
Mailing Address P. O. Box 6390		Amount of Each Disbursement this Period 300.00	
City Knoxville State TN Zip Code 37914	Purpose of Disbursement Event Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	636.90
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Nordic Press</b>		Transaction ID: SB17.16666 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6	
Mailing Address 800 Slatern Lane		Amount of Each Disbursement this Period 621.60	
City Alexandria State VA Zip Code 22301	Purpose of Disbursement Printing Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TN District: 02	

Full Name (Last, First, Middle Initial) <b>B. Olive Garden</b>		Transaction ID: SB17.16572 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 7206 Kingston Pike		Amount of Each Disbursement this Period 196.81	
City Knoxville State TN Zip Code 37919	Purpose of Disbursement Memo:Entertaining Constituents	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TN District: 02	

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Regas Restaurant</b>		Transaction ID: SB17.16561 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6	
Mailing Address 318 N. Gay Street		Amount of Each Disbursement this Period 77.17	
City Knoxville State TN Zip Code 37917	Purpose of Disbursement Memo:Entertaining Conconstituents	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: TN District: 02	

[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	621.60
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Regas Restaurant</b>		Transaction ID: SB17.16586 Date of Disbursement																					
Mailing Address 318 N. Gay Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	2		2	0	0	6														
City Knoxville	State TN	Zip Code 37917																					
Purpose of Disbursement Memo:Entertaining Constituents		Amount of Each Disbursement this Period <table border="1"><tr><td>183.01</td></tr></table>		183.01																			
183.01																							
Candidate Name DUNCAN FOR CONGRESS																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District: 02																						

Transaction ID: SB17.16586  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	6

Amount of Each Disbursement this Period

183.01
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. Regas Restaurant</b>		Transaction ID: SB17.16608 Date of Disbursement																					
Mailing Address 318 N. Gay Street		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>7</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	7		1	2		2	0	0	6														
City Knoxville	State TN	Zip Code 37917																					
Purpose of Disbursement Memo:Entertaining Constituents		Amount of Each Disbursement this Period <table border="1"><tr><td>65.39</td></tr></table>		65.39																			
65.39																							
Candidate Name DUNCAN FOR CONGRESS																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District: 02																						

Transaction ID: SB17.16608  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	0	6

Amount of Each Disbursement this Period

65.39
-------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>C. Riverside Tavern</b>		Transaction ID: SB17.16563 Date of Disbursement																					
Mailing Address 950 Volunteer Landing Lane		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	0		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		1	0		2	0	0	6														
City Knoxville	State TN	Zip Code 37915																					
Purpose of Disbursement Memo:Entertaining Constituents		Amount of Each Disbursement this Period <table border="1"><tr><td>159.75</td></tr></table>		159.75																			
159.75																							
Candidate Name DUNCAN FOR CONGRESS																							
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: TN	District: 02																						

Transaction ID: SB17.16563  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	0		2	0	0	6

Amount of Each Disbursement this Period

159.75
--------

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

0.00
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**TOTAL** This Period (last page this line number only) ..... ▶

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**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Robert Jennings Company</b>		Transaction ID: SB17.16638 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6	
Mailing Address 300 K Street, NW		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20007	Purpose of Disbursement Consulting Expense(Mack)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Robert Jennings Company</b>		Transaction ID: SB17.16646 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 4 / 2 0 0 6	
Mailing Address 300 K Street, NW		Amount of Each Disbursement this Period 500.00	
City Washington State DC Zip Code 20007	Purpose of Disbursement Consulting Expense (Gerlach)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert Jennings Company</b>		Transaction ID: SB17.16651 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 5 / 2 0 0 6	
Mailing Address 300 K Street, NW		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20007	Purpose of Disbursement Consulting Expense(Poe)	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Robert Jennings Company</b>		<b>Transaction ID:</b> SB17.16658 Date of Disbursement 06 / 18 / 2006
Mailing Address 300 K Street, NW		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007	Category/ Type	
Purpose of Disbursement Consulting Expense(Brown)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Robert Jennings Company</b>		<b>Transaction ID:</b> SB17.16653 Date of Disbursement 06 / 29 / 2006
Mailing Address 300 K Street, NW		Amount of Each Disbursement this Period 2000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20007	Category/ Type	
Purpose of Disbursement Consulting Expense(Weldon,Meir)		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Sevier County Republican Club</b>		<b>Transaction ID:</b> SB17.16668 Date of Disbursement 04 / 21 / 2006
Mailing Address c/o Geraldine Smelser Sevier County Courthouse		Amount of Each Disbursement this Period 100.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Sevierville State TN Zip Code 37862	Category/ Type	
Purpose of Disbursement Event Expense		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>3100.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Spa Visage</b>		Transaction ID: SB17.16559 Date of Disbursement 05 / 10 / 2006	
Mailing Address 1701 Downtown West Blvd.		Amount of Each Disbursement this Period 133.00	
City Knoxville State TN Zip Code 37919	Purpose of Disbursement Memo: Gift Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name DUNCAN FOR CONGRESS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02			

Full Name (Last, First, Middle Initial) <b>B. Spa Visage</b>		Transaction ID: SB17.16598 Date of Disbursement 07 / 12 / 2006	
Mailing Address 1701 Downtown West Blvd.		Amount of Each Disbursement this Period 70.00	
City Knoxville State TN Zip Code 37919	Purpose of Disbursement Memo: Gift Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name DUNCAN FOR CONGRESS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02			

Full Name (Last, First, Middle Initial) <b>C. Sports Authority</b>		Transaction ID: SB17.16670 Date of Disbursement 05 / 04 / 2006	
Mailing Address 3601 Jefferson Davis Highway		Amount of Each Disbursement this Period 264.52	
City Alexandria State VA Zip Code 22305	Purpose of Disbursement Memo: Fundraiser Expense	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Candidate Name DUNCAN FOR CONGRESS	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Sprete Office Solutions</b>		<b>Transaction ID:</b> SB17.16416 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 2 / 2 0 0 6
Mailing Address 2877 Sapelo Drive		Amount of Each Disbursement this Period 50.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Valdosta State GA Zip Code 31605		
Purpose of Disbursement Printing Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Steinmart</b>		<b>Transaction ID:</b> SB17.16554 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 6
Mailing Address 11437 Kingston Pike		Amount of Each Disbursement this Period 74.68 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Knoxville State TN Zip Code 37934		
Purpose of Disbursement Memo: Gift Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. The UPS Store</b>		<b>Transaction ID:</b> SB17.16664 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 1 0 / 2 0 0 6
Mailing Address 5505 Connecticut Avenue		Amount of Each Disbursement this Period 392.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20015		
Purpose of Disbursement Mailing Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	442.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. TVA &amp; I Fair</b>		<b>Transaction ID:</b> SB17.16401	
Mailing Address P. O. Box 6066		Date of Disbursement MM / DD / YYYY 05 / 08 / 2006	
City Knoxville	State TN	Zip Code 37914	Amount of Each Disbursement this Period 560.00
Purpose of Disbursement Promotional Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 02		

Full Name (Last, First, Middle Initial) <b>B. U. S. Postmaster</b>		<b>Transaction ID:</b> SB17.16379	
Mailing Address 1237 Weisgarber Road		Date of Disbursement MM / DD / YYYY 04 / 18 / 2006	
City Knoxville	State TN	Zip Code 37950	Amount of Each Disbursement this Period 390.00
Purpose of Disbursement Postal Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 02		

Full Name (Last, First, Middle Initial) <b>C. U. S. Postmaster</b>		<b>Transaction ID:</b> SB17.16410	
Mailing Address 1237 Weisgarber Road		Date of Disbursement MM / DD / YYYY 05 / 23 / 2006	
City Knoxville	State TN	Zip Code 37950	Amount of Each Disbursement this Period 390.00
Purpose of Disbursement Postal Expense		Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN	District: 02		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1340.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. U. S. Postmaster</b>		Transaction ID: SB17.16412 Date of Disbursement 05 / 31 / 2006	
Mailing Address 1237 Weisgarber Road		Amount of Each Disbursement this Period 39.00	
City Knoxville State TN Zip Code 37950	Purpose of Disbursement Postal Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. University of TN Athletic Dept.</b>		Transaction ID: SB17.16378 Date of Disbursement 04 / 18 / 2006	
Mailing Address P. O. Box 47		Amount of Each Disbursement this Period 604.00	
City Knoxville State TN Zip Code 37901	Purpose of Disbursement Entertaining Constituents	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. U S Air</b>		Transaction ID: SB17.16549 Date of Disbursement 05 / 10 / 2006	
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 927.20	
City Arlington State VA Zip Code 22227	Purpose of Disbursement Memo:Travel Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/Type	<b>[MEMO ITEM]</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	643.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. U S Air</b>		Transaction ID: SB17.16579 Date of Disbursement 06 / 02 / 2006
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 378.60 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Memo: Travel Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. U S Air</b>		Transaction ID: SB17.16604 Date of Disbursement 07 / 12 / 2006
Mailing Address 2345 Crystal Drive		Amount of Each Disbursement this Period 52.50 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Arlington State VA Zip Code 22227		
Purpose of Disbursement Memo: Travel Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Bill Vaughan</b>		Transaction ID: SB17.16373 Date of Disbursement 04 / 07 / 2006
Mailing Address 7972 Camberley Drive		Amount of Each Disbursement this Period 600.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Powell State TN Zip Code 37849		
Purpose of Disbursement Salary Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	600.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE B (FEC Form 3 ) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Polly Walker</b>		<b>Transaction ID:</b> SB17.16669 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 6
Mailing Address 1318 Dewitt Avenue		Amount of Each Disbursement this Period 264.52 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Alexandria State VA Zip Code 22301		
Purpose of Disbursement Reimburse:Fundraiser Expense(Sports Auth) Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Washington Nationals</b>		<b>Transaction ID:</b> SB17.16419 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 6
Mailing Address 2400 E. Capitol Street, SE		Amount of Each Disbursement this Period 1740.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Washington State DC Zip Code 20003		
Purpose of Disbursement Entertaining Constituents Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. West Town Mall</b>		<b>Transaction ID:</b> SB17.16602 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 0 6
Mailing Address 7600 Kingston Pike		Amount of Each Disbursement this Period 260.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
City Knoxville State TN Zip Code 37919		
Purpose of Disbursement Memo:Gift Expense Candidate Name DUNCAN FOR CONGRESS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Category/Type	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2004.52</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>49090.15</b>

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A. CHARLES BOUSTANY JR. FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Donation

Candidate Name  
DUNCAN FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB18.16667

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

**B. CHARLES BOUSTANY JR. FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Memo:Catering Expense

Candidate Name  
DUNCAN FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
State: LA District: 07

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB18.16637

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**C. FRIENDS OF CONNIE MACK**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 519  
PMB 388

City Naples State FL Zip Code 34106

Purpose of Disbursement  
Memo:Consulting Expense

Candidate Name  
DUNCAN FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
State: FL District: 14

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB18.16639

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 107

<input type="checkbox"/>	17	<input checked="" type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF CONNIE MACK</b>		Transaction ID: SB18.16642 Date of Disbursement 05 / 09 / 2006	
Mailing Address P.O. Box 519 PMB 388		Amount of Each Disbursement this Period 293.00	
City Naples State FL Zip Code 34106	Purpose of Disbursement Memo:Catering Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<b>[MEMO ITEM]</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. FRIENDS OF JOHN HOSTETTLER COMMITTEE</b>		Transaction ID: SB18.16393 Date of Disbursement 04 / 27 / 2006	
Mailing Address P O BOX 3676		Amount of Each Disbursement this Period 1000.00	
City EVANSVILLE State IN Zip Code 47735	Purpose of Disbursement Donation	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. HENRY E. BROWN JR. FOR CONGRESS</b>		Transaction ID: SB18.16661 Date of Disbursement 06 / 18 / 2006	
Mailing Address P. O. Box 61886		Amount of Each Disbursement this Period 1000.00	
City North Charleston State SC Zip Code 29419	Purpose of Disbursement Memo:Consulting Expense	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<b>[MEMO ITEM]</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 01	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. HENRY E. BROWN JR. FOR CONGRESS</b>		Transaction ID: SB18.16663 Date of Disbursement
Mailing Address P. O. Box 61886		<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2006"/>
City North Charleston	State SC	Zip Code 29419
Purpose of Disbursement Memo:Catering Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="300.00"/>
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: SC	District: 01	

Full Name (Last, First, Middle Initial) <b>B. JIM GERLACH FOR CONGRESS COMMITTEE</b>		Transaction ID: SB18.16644 Date of Disbursement
Mailing Address 911 WELSH AYRES WAY		<input type="text" value="05"/> / <input type="text" value="19"/> / <input type="text" value="2006"/>
City DOWNINGTOWN	State PA	Zip Code 19335
Purpose of Disbursement Memo:Catering Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="239.00"/>
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: PA	District: 06	

Full Name (Last, First, Middle Initial) <b>C. JIM GERLACH FOR CONGRESS COMMITTEE</b>		Transaction ID: SB18.16645 Date of Disbursement
Mailing Address 911 WELSH AYRES WAY		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2006"/>
City DOWNINGTOWN	State PA	Zip Code 19335
Purpose of Disbursement Memo:Consulting Expense	<input type="text"/>	Amount of Each Disbursement this Period <input type="text" value="500.00"/>
Candidate Name DUNCAN FOR CONGRESS	Category/ Type	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>[MEMO ITEM]</b>
State: PA	District: 06	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

**A. KUHL FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10 GANESVOORT STREET  
City BATH State NY Zip Code 14810  
Purpose of Disbursement Memo:Catering Expense  
Candidate Name DUNCAN FOR CONGRESS  
Office Sought:  House  Senate  President  
State: NY District: 29  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB18.16636

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**B. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE CONTRIBUTIONS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 320 FIRST STREET  
City WASHINGTON State DC Zip Code 20003  
Purpose of Disbursement Donation  
Candidate Name DUNCAN FOR CONGRESS  
Office Sought:  House  Senate  President  
State: TN District: 02  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB18.16982

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

**C. POE FOR CONGRESS**  
Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 14222  
City Humble State TX Zip Code 77347  
Purpose of Disbursement Memo:Catering Expense  
Candidate Name DUNCAN FOR CONGRESS  
Office Sought:  House  Senate  President  
State: TX District: 2  
Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB18.16650

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. POE FOR CONGRESS</b>		Transaction ID: SB18.16652 Date of Disbursement																					
Mailing Address P.O. Box 14222		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		1	5		2	0	0	6														
City Humble	State TX	Zip Code 77347	Amount of Each Disbursement this Period																				
Purpose of Disbursement Memo: Consulting Expense		Category/ Type	1000.00																				
Candidate Name DUNCAN FOR CONGRESS			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>																				
State: TX	District: 2																						

Full Name (Last, First, Middle Initial) <b>B. RAY MEIER FOR CONGRESS COMMITTEE</b>		Transaction ID: SB18.16656 Date of Disbursement																					
Mailing Address PO BOX 120		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		2	9		2	0	0	6														
City UTICA	State NY	Zip Code 13503	Amount of Each Disbursement this Period																				
Purpose of Disbursement Memo: Consulting Expense		Category/ Type	1000.00																				
Candidate Name DUNCAN FOR CONGRESS			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>[MEMO ITEM]</b>																				
State: NY	District: 24																						

Full Name (Last, First, Middle Initial) <b>C. SWEENEY FOR CONGRESS INC</b>		Transaction ID: SB18.16437 Date of Disbursement																					
Mailing Address Post Office Box 1465		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		2	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	5		2	4		2	0	0	6														
City Clifton Park	State NY	Zip Code 12065	Amount of Each Disbursement this Period																				
Purpose of Disbursement Donation		Category/ Type	500.00																				
Candidate Name DUNCAN FOR CONGRESS			<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State: NY	District: 20																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)  
SWEENEY FOR CONGRESS INC

Mailing Address Post Office Box 1465

City Clifton Park State NY Zip Code 12065

Purpose of Disbursement  
Memo:Catering Expense

Candidate Name  
DUNCAN FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
State: NY District: 20

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB18.16648

Date of Disbursement

06 / 06 / 2006

Amount of Each Disbursement this Period

347.39

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)  
WELDON VICTORY COMMITTEE

Mailing Address P. O. Box 1992

City Media State PA Zip Code 19063

Purpose of Disbursement  
Memo:Consulting Expense

Candidate Name  
DUNCAN FOR CONGRESS

Office Sought:  House  
 Senate  
 President  
State: PA District: 07

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB18.16654

Date of Disbursement

06 / 29 / 2006

Amount of Each Disbursement this Period

1000.00

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

27500.00



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. Citizens for McNally</b>		Transaction ID: SB21.16436 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 2 / 2 0 0 6	
Mailing Address 121 Amanda Drive		Amount of Each Disbursement this Period 250.00	
City Oak Ridge	State TN	Zip Code 37830	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Donation		Category/ Type	
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02			

Full Name (Last, First, Middle Initial) <b>B. Lynn Duncan</b>		Transaction ID: SB21.16407 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address 12103 Butternut Circle		Amount of Each Disbursement this Period 225.00	
City Knoxville	State TN	Zip Code 37922	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
Purpose of Disbursement Reimburse: Donation (Heritage Museum)		Category/ Type	
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02			

Full Name (Last, First, Middle Initial) <b>C. Great Smoky Mountain Heritage Center</b>		Transaction ID: SB21.16408 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 3 / 2 0 0 6	
Mailing Address P. O. Box 268		Amount of Each Disbursement this Period 225.00	
City Townsend	State TN	Zip Code 37882-0268	<input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53 <b>[MEMO ITEM]</b>
Purpose of Disbursement Donation		Category/ Type	
Candidate Name DUNCAN FOR CONGRESS			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: TN District: 02			

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	475.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial) <b>A. McMinn County Republican Party</b>		<b>Transaction ID: SB21.16446</b> Date of Disbursement 07 / 01 / 2006
Mailing Address 600 Sunview Drive		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Athens State TN Zip Code 37303	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Steve Hall Campaign</b>		<b>Transaction ID: SB21.16449</b> Date of Disbursement 07 / 07 / 2006
Mailing Address 5748 Acapulco Avenue		Amount of Each Disbursement this Period 500.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Knoxville State TN Zip Code 37921	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Tennessee Conservative Union</b>		<b>Transaction ID: SB21.16467</b> Date of Disbursement 07 / 12 / 2006
Mailing Address P. O. Box 85		Amount of Each Disbursement this Period 1000.00 <input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
City Signal Mountain State TN Zip Code 37377	Category/ Type	
Purpose of Disbursement Donation		
Candidate Name DUNCAN FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 02	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	2000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/>	17	<input type="checkbox"/>	18	<input type="checkbox"/>	19a	<input type="checkbox"/>	19b
<input type="checkbox"/>	20a	<input type="checkbox"/>	20b	<input type="checkbox"/>	20c	<input checked="" type="checkbox"/>	21

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NAME OF COMMITTEE (In Full)  
DUNCAN FOR CONGRESS

Full Name (Last, First, Middle Initial)  
A. William Blount High School

Mailing Address 219 County Farm Road

City State Zip Code  
Maryville TN 37801

Purpose of Disbursement  
Donation

Candidate Name  
DUNCAN FOR CONGRESS

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: TN District: 02

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21.16458

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....